STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510466	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LODGE AT MANITO (THE)	1303 S EAST AVENUE MANITO, IL 61546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comment Facility Reported Incident of 3-18-26, IL200968 Section 295.4010 d)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) Type 2 Violation-Repeat Based on interview and record review, the establishment failed to update a resident's service plan after multiple falls for one (R3) of three residents reviewed for falls in a sample of three. R3 sustained skin tears, abrasions and bruising related to falls. This has a substantial probability of causing harm to the establishments residents. Findings include: R3's face sheet documents R3 lives in the memory care unit and has diagnoses of Dementia, Anxiety and Diabetes. R3's fall investigations for the last five months	A4010		

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A4010	Continued From page 1 document R3 sustained the following falls: On 12-22-26, R3 was found lying on the ground in her room. On 12-24-26, R3 was found lying on her right side on the floor of her room. On 12-31-25, R3 fell face down onto the floor while ambulating in the hallway without her wheelchair. R3 sustained a skin tear to her right eye brow and top of left hand with face swelling on the right side. R3 was transported to the hospital for evaluation. R3's fall investigations continue: On 1-6-26, R3 was having increased agitation, kicking and hitting at staff, tried to get up from her wheelchair and fell to the floor. R3 sustained a large skin tear to the top of her left hand. On 1-10-26, R3 fell in the hallway sustaining a skin tear to the top of her right hand and an abrasion to her left head above eye. On 3-10-26, R3 was found lying on the floor of her room on her left side. R3 sustained a small skin tear to her left lower arm. R3's current service plan dated 9-20-25 contains no mention of R3 being at risk for falls. R3's service plan does not contain any interventions to help prevent falls. On 4-3-16 at 1:45 pm, E2 Director of Nursing verified R3's service plan does not contain any fall interventions for R3's safety. E2 stated service plans should be reviewed after each fall incident and revised if necessary.	A4010		